

**N01085070**  
**Date Filed: 12/5/2016**  
**Jason Kander**  
**Missouri Secretary of State**

**\* SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: 8/31/2016

**N01085070**  
**Missouri Primate Foundation**  
**CONNIE BRAUN CASEY**  
**12338 HWY CC**  
**FESTUS MO 63028**

ORGANIZED UNDER THE LAWS OF:  
Missouri

PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: \*

12338 state rd cc (Required)

STREET

Festus MO 63028

CITY / STATE ZIP

If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

☐ The new registered agent

IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☐ The new registered office address

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

**OFFICERS**

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).  
**MUST LIST PRESIDENT AND SECRETARY BELOW**

**PRESIDENT** Casey, Connie Braun  
STREET 12338 Hwy cc

CITY/STATE/ZIP Festus MO 63028

**SECRETARY** Harned, Lisa Ann  
STREET 511 Market St

CITY/STATE/ZIP Festus MO 63028

STREET

CITY/STATE/ZIP

STREET

CITY/STATE/ZIP

**BOARD OF DIRECTORS**

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).  
**MUST LIST AT LEAST THREE DIRECTORS BELOW**

**NAME** Pernikoff, Dr Doug  
STREET 32 Clarkson-wilson centre

CITY/STATE/ZIP st louis MO 63017

**NAME** Marshall, Debbie  
STREET 4609 Eler rd

CITY/STATE/ZIP Villa Ridge MO 63089

**NAME** Harned, Lisa  
STREET 511 Market st

CITY/STATE/ZIP Festus MO 63028

**NAME**

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 576.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here

Connie Braun Casey

(Required)

Please print name and title of signer:

Connie Braun Casey

President

NAME

TITLE

REGISTRATION REPORT FEE IS:

\$10.00 If filed on or before 8/31/2016

\$15.00 If filed after 9/30/2016

Corporation will be administratively dissolved if report is not filed by 11/29/2017

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL):

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED  
RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1366, Jefferson City, MO 65115

**EXHIBIT**

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